

	Class	Subclass

ISSUE CLASSIFICATION

PATENT NUMBER

**U.S. UTILITY Patent Application**

<p><b>O.I.P.E.</b></p> <p>SCANNED <u>1404</u> Q.A. <u>PT</u></p>	<p><b>PATENT DATE</b></p>
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APPLICATION NO. 09/784005	CONT/PRIOR D F	CLASS E14	SUBCLASS 1	ART UNIT -1614	EXAMINER Meller
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TITLE	APPLICANTS
1. <b>Chairman</b>	1. <b>Mr. J. H. ...</b>
2. <b>Vice Chairman</b>	2. <b>Mr. J. H. ...</b>
3. <b>Secretary</b>	3. <b>Mr. J. H. ...</b>
4. <b>Treasurer</b>	4. <b>Mr. J. H. ...</b>
5. <b>Member</b>	5. <b>Mr. J. H. ...</b>
6. <b>Member</b>	6. <b>Mr. J. H. ...</b>
7. <b>Member</b>	7. <b>Mr. J. H. ...</b>
8. <b>Member</b>	8. <b>Mr. J. H. ...</b>
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93. <b>Member</b>	93. <b>Mr. J. H. ...</b>
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Gavin Viney  
John Puddafoot  
Miles Barry

## Cancer treatment

PTO-2040  
12/99

## ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b> Sheets Drwg.      Figs. Drwg.      Print Fig.		<b>CLAIMS ALLOWED</b> Total Claims      Print Claim for O.G.	
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____  _____  _____	_____ (Assistant Examiner) _____ (Date)   _____   _____ (Primary Examiner) _____ (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>	
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			<b>ISSUE FEE</b> Amount Due      Date Paid	
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) _____ (Date)		<b>ISSUE BATCH NUMBER</b>	

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